

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12221

FILED JAN 13 1951

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 10976	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 10 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2189	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4553 W. Papin St.				d. STREET ADDRESS (If rural, give location) 4553 W. Papin St. 0			
3. NAME OF DECEASED (Type or Print) EMMA		a. (First)		b. (Middle)		c. (Last) FAGYAL	
4. DATE OF DEATH		(Month) (Day) (Year)		12-22-1950			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 10-15-1882	
9. AGE (in years last birthday) 68		10. UNDER 1 YEAR Months 2		11. BIRTHPLACE (State or foreign country) Hungary B		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Hungary B		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Unknown Nagy		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE John Fagyal			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Edward Fagyal		ADDRESS 4011a Hartford St. Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lipo Sarcoma Pelvic & Cervical Sac ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) metastasis in bone DUE TO (c) General Metastasis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. General Cachexia				INTERVAL BETWEEN ONSET AND DEATH 2 yrs 6 mos 6 hrs 2 yrs	
19a. DATE OF OPERATION 8/15/49		19b. MAJOR FINDINGS OF OPERATION Sympathectomy & Cerebrum for Rheumatism		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? 1977X			
22. I hereby certify that I attended the deceased from 9/27/50 to 12/22/50, that I last saw the deceased alive on 12/20/50, and that death occurred at 1:00 p.m., from the causes and on the date stated above.							
23a. SIGNATURE George S. Michael MD		(Degree or title)		23b. ADDRESS 3903 Olive		23c. DATE SIGNED 12/22/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE 12-23-1950		24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory		24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.	
DATE REC'D BY LOCAL REG. DEC 23 1950		REGISTRAR'S SIGNATURE J. B. Lasater		25. FUNERAL DIRECTOR'S SIGNATURE JAY B. SMITH		ADDRESS 7456 Manchester Ave. Maplewood 17, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*H. P. Burgess*

Signed .....  
Student Embalmer

Licensed Embalmer No. ....

*4029*

P. O. Address \_\_\_\_\_

*Maplewood*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.